

# **40 Years of Electro Acupuncture According to Voll (EAV)**

Summary of  
**studies and scientific publications**  
by Bernhard A. Weber, Marburg

**Concerning electro acupuncture of Voll, there are 9 university dissertations and numerous studies by which the diagnostic possibilities of EAV are confirmed (Berlin, Heidelberg, München, Würzburg, Witten/Herdecke, Moskau, Taipeh/Taiwan, Utrecht NL, Honolulu/USA).**

**The argument of missing proofs is no more to be justified.**

The successful development and international circulation of EAV unfortunately is still in contradiction to acceptance of this procedure by the majority of doctors and medical health insurances. These assembled studies and scientific publications show that all bases but the holistic medical combination of diagnostic and therapy, too, were meanwhile examined and confirmed to be successful.

The stock-taking of 1992 of the University Witten/Herdecke to research [the] situation of electro acupuncture according to Voll now requires fundamental supplements (lit. 1). All colleagues are asked to send in new and lacking articles and studies for later enlargement.

## **School and University studies and dissertations**

Basic research, diagnostic and therapeutic studies, individual cases.

## **Private studies and evaluations**

Basic research, diagnostic studies and therapeutic studies.

## **Representation of individual cases**

## **Teacher's books**

## **Literature**

The following studies and scientific work for diagnostic and therapy with electro acupuncture according to Voll are represented to us and give suggestions to [its] effectiveness, possibilities and limitations.

## **A) Studies and Dissertations Drawn Up in Universities**

### **Basic research**

A-1: This first scientific dissertation "About the electric reaction of special segments of the skin" by Dipl. Ing. C.-E. Overhof, TH Karlsruhe, 1960 is unconnected with EAV but the procedure of diagnosis electro neural therapy by Croon. He suggests by measuring

exact skin points the condition of the health of the inner organs. Overhof concludes by this measuring that the membrane of cells is measured and that there exists a system, which is combined the skin area. The definite difference of the measuring results with the healthy and sick can be confirmed. The possibility of a normalizing through purposeful electric simulating therapy is mentioned. Because of the similar technique, a transfer to electro acupuncture by Voll appears to be possible.

A-2: In 1987 H. Heine histologically pointed out the morphology of the acupuncture points as perforation of fascides of the connecting tissue-vessel-nerves of the superficial fascia of the body and facilitated this way a physical explanation for the electric measurement of acupuncture. Thereby the relation between skin points and distant organs could be understood. Further examinations in 1990 and 1993 completed the check-ups.

Attestation of several other universities followed (M. Eggerbacher, 1991, Vienna; Zerlauth, 1992, Munich).

Heine, H.: Anatomical Structure of Acupuncture Points (Deutsche Zeitschrift für Akupunktur 2/1988, S. 26 - 30).

A-3: Heine, H., Koenig, L.: "Morphologische Grundlagen der Elektroakupunktur nach Voll" (Deutsche Zeitschrift für Akupunktur 37, 1/1994, S. 3 - 11).

Basic work concerning acupuncture point and test for medicine.

A-4: "Elektroherd - Realität oder Hypothese?" by E. Sonnabend, H. Kurz and Chr. Redl, Zahnklinik University Munich.

Electro acupuncture as a diagnostic method of the objectivity so-called focuses is regarded as a method of outsiders and of different importance, the authors summarize their critical experiences in a study as a relevance, which is a technique distant of orthodox medicine. They could indicate possibilities of electro acupuncture, but they pleaded to clarify by intensive research.

Results: The summary of our results is represented in illustration no. 15:

In 59 % of cases (Column D) the results of the electro acupuncture test were congruent with positive, clinical and roentgenologic tests.

In 26 % of the cases (Column C) the negative, clinical, roentgenological and electro acupuncture tests were congruent, i.e. in 85 % of the cases corresponded.

In 9 % of the cases (Column B) there was a clinical and roentgenological test, but not electroacupuncture, and in 6 % the result was exactly opposite.

For us there are no doubts concerning the meaningfulness of this method of examination because of the considerable correlating results by 85 %.

#### Summary:

For electro acupuncture as a method to diagnose focuses, parts served as testing procedure and its evaluation as a relevant diagnosis, but there are always still some hypothetical and unknown parts. Therefore, further research is necessary before one can support without reservation electro acupuncture to diagnose focuses.

#### A-5: American works from the University Honolulu/Hawaii, USA

Electro acupuncture according to Voll will now indicate as epidermal screening test (EDST).

The Allergy Study by f. Lam, J. Tsuei, 1982, of electro acupuncture, enforced by the University of Hawaii in the USA shows in comparison with five acknowledged test procedures of orthodox medicine accordance in allergy test by about 80 percent. Therefore, electro acupuncture by Voll is regarded as a very valuable method of diagnosis.

A-6: The article "Case Findings from a Family Practitioner's Office Using EAV" from the American Journal of Acupuncture (Vol. II, N1, 1983, page 23 - 29) by Prof. J. Tsuei and F. Lam describes eleven patients with different diagnosis tested by acupuncture of Voll. The internal specialists tests affirmed the found stress (laboratory, roentgen, histology etc.). Six found melanomas were treated with operation and orthodox medicine, with metastatic condition shorten the life span of patients in five cases would seize already early stage of the diseases and thereby long time positive results could be attained. (Quot. A-3)

A-7: A Food Allergy Study Utilizing the EAV Acupuncture Technique, (J. Tsuei, C. Lehmann, F. Lam, D. Zhao, University of Hawaii, USA, Am. J. of Acupuncture Vol. 12, No. 2, 1984)

Six procedures for allergies were set for 30 patients. In comparison with Skin-RAST- and IgE-Test ,electro acupuncture shows a good accordance with other methods. A simple and reliable allergy test was found thereby, especially for food allergies (German translation by Institut für Naturheilverfahren in Marburg, Uferstraße 4, 35037 Marburg available).

A-8: Evoked Electrical conductivity on the Lung Acupuncture Points in Healthy Individuals and Confirmed Lung Cancer Patients

(S. G. Sullivan, D. Eggleston, J. Martinoff, R. Kroenig, U. C. L. A. School of Medicine, Los Angeles, Am. J. of Acupuncture, Vol. 13, No. 3, 1985)

30 patients showed in comparison of x-ray picture and measurement by electroacupuncture on the lung point on the hand between 26 "healthy lungs" and four carcinoma patients in a blind test (dividing screen with limited view of the hands) shows a clearly positive correlation between the measuring points.

Several other works about special skin points with less electrical resistance were referred in this study.

A-9: L. Klinger, Heidelberg, in 1987 measuring with EAV could make significant distinctions between patients with healthy and diseased lungs as TBC and lung carcinoma. (Z. Allg. Med. 63.563-567) The measuring points as the basis of EAV hereby could be documented.

A-10: H. Gloerfeld, Marburg, made a research in 1987 in his dissertation about EAV acupuncture points in the face (2), on the hands (2) and one "undefinite" point (forehead) on healthy persons during the day. Thereby was applied unusual strong pressure to 12 N (Norm 1,5 by VRT to maximum 6 by the EAV) (page 58). The expressions conductivity and resistance of the skin are confused (p. 60). At first the measurements were applied in an improper way with dry skin. They were compared with results by Gloerfeld using instead of water a paste to make a contact, which is unusual. Both ways of measurement are inconsistent with the method applied in EAV. The differences of the normal range for hand-hand in the beginning test which were observed and the measurement of the acupuncture point are therefore an invalid objection. They rather determine the normal value of "Electroacupuncture according to Gloerfeld". Small raise of the point value is completely overestimated by the alleged healthy patients. The more important symptom of the descending indicator of sick persons and the test of medicine or resonance are not examined at all. Falsely they start out from the descending indicator by hand-hand normal range (p. 89), which is not described in the literature of EAV and plainly shows the misunderstanding. Minor swaying by repeated measurements during the day are not recognized as biorhythm. The examination of a method of measurement needs to be understood in theory and practice to be able to appreciate the procedure critically.

**A dissertation which is not able to demonstrate the foregoing for EAV is not worthy to be taken seriously.**

Similarly you could reject pulse, blood pressure and blood sugar measurement, as here, too, a biorhythm is to be observed. The extensive literature of studies with scientific evaluation, some with a large number of patients, was neglected.

A-11: *J. J. Tsuei, C. Chung, F. Lam and M. Mi* examine in "Studies of Bioenergie in Healthy Subjekts" 1988 at the Center of Eastern and Western Medicine of the University of Honolulu (USA) **483 healthy patients** in Taiwan with EAV. The possibilities of organ diagnosis of acupuncture points in a shortened test of only 20 minutes were examined. There were altogether three tests, each patient was examined by two doctors to

compare the values. The claim of a comparing study on sick persons was made. (It shall be published in 1996.)

A-12: "Study on Bioenergy in Diabetes Mellitus Patients" Am. J. of Acupuncture 1989, 17 (1) 31 - 38 by *J. Tsuei, F. Lam and Z. Zhao*

Comparing measurements of 95 patients without **Diabetes mellitus** and 55 patient with Diabetes mellitus. The pancreas measuring points showed by heightened value and **falling indicator** with high accuracy for the disease. Therefore the EAV is considered as an effective and worthy **method of diagnosis**.

A-13: The "Study on the Bioenergetic Measurement of Acupuncture Points for Determination of Correct **Dosages** of Allopathic or Homeopathic Medicines in Treatment of '**Diabetes Mellitus**'" in Am. J. of Acupuncture, Vol. 18, No. 2, 1990 by F. Lam, J. Tsuei and Z. Zhao of the University of Hawaii, USA, tested on 55 patients with the help of EAV-medication test the optimal dose of insulin or oral anti-diabetic. The severity of pancreatic damage could hereby be determined. Without the optimal dose of medication could be determined before the patient took it, who usually has to be tested during several days to become adjusted to it. To determine it, measuring points had to be equalized. (German Translation: Institut für Naturheilverfahren, Uferstraße 4, 35037 Marburg, published in Panta, Z. f. bio. Funktionsdiagnostik, Haug-Verlag)

A-14: The dissertation "Electroacupuncture - modern development for diagnostic and therapeutic possibilities by enlarged procedures" by *Monika Vogl* (1991) at the University Würzburg - gives the overviews with the description of the consisting methods **EAV, BFD and Vegatest method**. The necessity of further scientific evaluations is stressed. Private tests did not take place.

A-15: Electro acupuncture tests at the University Utrecht in the Netherlands. The **double blind study of the Netherlands** "Homeopathic medicines in closedphials tested by changes in the conductivity of the skin: a critical evaluation. Blind testing and partial elucidation of the mechanics" by R. van Wijk of the University Utrecht 1992, 80 pages, represents a comprehensive test, to affirm the **testing of medication by EAV** scientifically. It was confirmed, ascertained statistically, that the changing of the skin's electrical conductivity on the acupuncture points can be arrived, like found by the testing of medicine through fitting test ampules.

The artificial poisoning by Diphenyl (preservative for citrus fruit) was equalized in experimental test with the homeopathic medicine Sulphur D12, the falling indicator during the measuring could be abolished. The results in double blind test were significant, the failure rate was remarkable. The artificial testing situation could be the reason. Therapy studies with complete "wholeness" diagnose and therapy should follow here. They require much larger demand, for which up to now no institution was found.

A-16 to A-20: Further tests by Mrs. Prof. J. Tsuei of the Yang-Ming University in Taiwan, the promise to publish in German was accomplished:

A-16: Tsuei, J. J., C. Chun and C. Y. Lu. "Study of Pesticide Residues in the bodies of Workers at a Chemical Factory by Bioenergetic Measurements". *R. O. C. National Science Reports*, Apr. 1988 - Mar. 1989

- Comparative-descriptive study, N=162
- Only available in Chinese (Übersetzung geplant, Institut f. N. Marburg)

A-17: Chang, Y. and J. J. Tsuei. "Correlation Study between Acupuncture Points, Meridians and Internal Organs of Rats by Bioenergetic Measurements". *R. O. C. National Science Council Reports*, Aug. 1988 - July 1989

- Descriptive study
- Abstract currently available in English

A-18: Lui, W. C. and J. J. Tsuei. "Bioenergetic Measurements of Patients with Chronic Fatigue Syndrome". *Scientific Reports of the Foundation for East-West Medicine*, 1990

- Comparative-descriptive study, N=10
- Abstract currently available in English

A-19: Tsuei, J. J. and P. Chang. "A Comparative Study of Herbal to Allopathic Treatments for Allergic Rhinitis". Paper presented to the Association of Allergy and Asthma of the Republic of China, No. 1991

- Descriptive study, N=60
- Abstract currently available in English

A-20: Tsuei, J. J. and F. M. K. Lam Jr. "Observation in the Clinical Application of Electroacupuncture According to Voll". The third joint conferences of the World Congress of Clinical Medicine and Pharmacy and the International Symposium on Acupuncture and Moxibustion R. O. C., Program and Abstract of Papers, Nov. 25 - 27, 1990, pages 127 - 128

- Presentation
- Abstract currently available in English

A-21: Chen, K. C., et al. "Transient Responses of an Human Body to a Small DC Voltage and Electrical Properties of Meridians". Paper presented to the WHO International Congress on Traditional Medicine (Beijing) Oct. 21, 1991

- Descriptive study

A-22: Tsuei, J. J. "The Clinical Value of Electrodermal Screening Test". Paper presented to the WHO International Congress on Traditional Medicine (Beijing) Oct. 21, 1991

- Presentation
- Synopsis currently available in English\*\*

A-23: Tsuei, J. J., W. K. Wang and P. T. Yang. "The Study of Bioenergetic Screening Model for Hypertension". *R. O. C. National Science Council Reports*, June 1991 - Nov. 1992

- Case control study, N=405

- Synopsis currently available in English

A-24: Tsuei, J. J., W. K. Wang, K. G. Chen. "Comparative Study of 400 Subjects Electro-dermal Screening Test with Contemporary Routine Physical Examination, Including: Urine, Stool, Biochemistry, X-ray, EKG, and Dental Evaluation, and Traditional clinical Diagnosis". *R. O. C. National Science Council Reports*, Aug. 1992 - July 1993

- Comparative-descriptive study, N=139
- Abstract currently available in English

A-25: Chen, S. Y., C. T. Liu. "Study of Galvanic Dental Voltages; The Relationship of Buccal Currents and Voltages in the Mouth and the Meridian System of the Body". *R. O. C. National Science Reports*, Aug. 1992 - July 1993

- Comparative-descriptive, N=160
- Abstract currently available in English

A-26: Tsuei, J. J. "The Past, Present and Future of the Electrodermal Screening System (EDSS)". *Journal of Advancement in Medicine*, Winter 1995

- Review article, 53 references
- In English

\*\*Available in: Tsuei, Julia J., editor. *International Congress on Traditional Medicine (Beijing) '91, Symposium & Workshop on October 21, 1991, Modern Interpretation of "Qi" and "Blood" - Bioenergetic Medicine*, Taipei: Foundation For East-West Medicine, 1991

A-21: J. J. Tsuei, National Yangming University in Taipei in Taiwan makes a summary in 1995 with "The Past, Present and Future of the Electrodermal Screening System (EDSS)" of the foregoing studies and reports the positive possibilities of EAV. (*Journal of Advancement in Medicine*, Vol. 8, No. 4, 1995, p. 217 - 232, Human Sciences Press, Inc.)

Since 1987 **Prof. Dr. Maiwald in Würzburg** was very preoccupied with the possibilities of the bioenergetic of regulations of procedure. Under his direction appeared five inaugural dissertations concerning the procedures of measurement BFD and VRT, which are related to EAV. (Quoted from P. Pflaum, *Medizin transparent*, 1 - 1996)

A-27: *Bürk, Jörg Martin*: The BFD (**Bioelectric function and regulation diagnosis**) as method-testing of its reproducibility, dependability and clearness of healthy volunteers within individual test. *Med. Diss. Würzburg*, 1991.

A-28: *Pflaum, Peter*: Tests on **reproducibility** of bioelectric measurement results on skin points of the procedure of the bio-electronic function and regulation diagnostic (BFD). *Zahnmed. Diss. Würzburg*, 1992.

In circadian procedure during 40 hours rhythms with different maximal and minimal can be observed, they are independent of the chosen measure point, but have a timely parallel procedure. They don't correlate with the traditional Chinese organ clock but with the physiological productivity curve. (Quot. by P. Pflaum, Medizin transparent, 1 - 1996)

A-29: *Schmitz, Olaf*: Untersuchung zur Objektivierung der **Quecksilberbelastung** als Ursache bei Symptomen der **Colitis ulcerosa bzw. des Morbus Crohn**. Med. Diss. Würzburg, 1991.

In a general practice office were found the following data with Colitis ulcerosa resp. M. Crohn, tested by the VRT-method (before Vega-Test), similar to the EAV method, treated among others with Mercury solubilis. Through a retrospective questioning the subjective success of treatment was determined, to be able to find a possible correlation between the material amalgam incrimination and disease. A possible correlation is predicted to be possible. Schmitz expresses himself very restraining to the topic and the strong points of VRT. Before the background of the effects from acute and chronic poisoning from quicksilver to stomach and large intestinal track as well as the immune modular effect of quicksilver ions as antigen you need not to be astonished at all about the correlation of amalgam incrimination of Colitis ulcerosa resp. M Crohn, as it is demonstrable by VRT. Dental patients before and after amalgam sanitation should be tested. (Quot. P. Pflaum, Medizin transparent 1 - 1996)

A-30: Umhöfer, Elke: Vergleichbarkeit der Ergebnisse einer **Zahn-Herdsuche** durchgeführt mit **konventionellen Untersuchungsmethoden und mit Methoden der Bioelektrischen Funktions- und Regulationsdiagnostik**. Zahnmed. Diss. Würzburg, 1991.

As method of BFD the electro skin test was used. The discovery of tooth focuses by conventional methods always was successful by roentgenological changes or clinical symptoms. By 87,5 % they were affirmed by EHT. Apart from this further findings were made by EHT (chronical infections condition in the beginning stage). 27 % of the dental defects only could be found by EHT. So this reflex zone test as a helpful completion seeking focuses obtains its justifiability. The possibilities of obstruction from the skin reaction due to blockage are mentioned.

Umhöfer represents the diagnostic meaning of BFD in form of electro skin test (EHT) searching for tooth focuses. Whereby the use of EHT is recommended not only for dentists, but also for colleagues who practice holistically, without the dentists possibilities for diagnosis at their disposal. It should be mentioned, that by the other methods of BFD a diagnosis of focuses and defects in ZMK is possible. (Quot. P. Pflaum, Medizin transparent, 1 - 1996)

A-31: O. Bergsmann, University of Vienna, represents with the book "Elektrodiagnostik" a reference source for **basic fundamental** and differences of **electro acupuncture procedures**. (Wiener Internationale Akademie für Ganzheitsmedizin, Facultas-Verlag, Wien 1992)



A-32: O. Bergsmann, F. Perger represent in "**Risk factor: focus**" besides other procedures the EAV as a diagnostic procedure. (Wiener Internationale Akademie für Ganzheitsmedizin, Facultas-Verlag, Wien 1993)

A-33: Schurk, H.-E., Wiegele, B. "Physical Basis of EAV". Results of the first dissertation of the FH Augsburg, Panta 3, Quartal 1994, Vol. 3, p. 49 - 54.  
Order of experiment:

1. Development of an electric model of acupuncture with the aim to judge objectively the measuring instruments concerning their grade of quality in measurement and dynamic.
2. Construction of a laboratory system for reproducible measurements with the aim, to identify and to exclude exterior influences on the measurement like the pressure points of the electrode, the skin conductivity etc. The basis for an objective assessment of the testing instruments by EAV and for the possibility of reproducible measurements by electro acupuncture seem to have a solid base through an excellent basis work.

A-34: Wiegele, B., Hefe, K. "Prüfplatz zur Untersuchung des Meß- und Anzeigeverhaltens von EAV-Geräten", Panta 6, Heft 3 (1995), pages 62 - 68.  
Summary: In this article is represented a testing place by PC for EAV instruments, by which it is possible to examine and to compare them concerning their measurement and indication. The testing place is based upon an electric model, which imitates the statistic and dynamic conduct of acupuncture. Opposite to the human acupuncture point this does not change for a long time. The first experiments indicate that the maximal and the down pointing of the indicator of the different EAV instruments partly agree very well. The upswing of the indicator of the various instruments differ considerably.

A-35: Study to the theme "Chinese Organ hour"

A testing by EAV during 24 hours by S. Eisenmann showed the **Biorhythm of the acupuncture points** (dissertation in evaluation). Details of this work of the basic research of EAV were published in the article in the *Journal of Acupuncture* by Prof. G. Hildebrandt, Marburg.

A-36: **Pilot double blind study with EAV** to the biocompatibility of dental metals and the **exact measurement** by Prof. Dr. med. dent. Siebert, F. University Berlin, 1996.  
Lecture to the meeting: 40 years EAV in Fulda 1996. Five testers (Barthelmi, Heinrici, Huf, Leiner, Thürhow), tested persons, each by two testers to control after one week the toleration of **dental metals**. Examinations accompanied with x-ray to the teeth, skin allergy test, immunological status, switching in the physio energetic test. The positive results were represented.

A-37: Therapeutic study with 4000 patients, EAV testing, J. J. Tsuei, Taiwan, publishing announced for 1996.

A-38: Bullemer, M.: Development of a laboratory system to implement reproducible measurements of bioelectric signals in EAV and the regulation and registration of physical significant influences. Diploma work, FH Augsburg, 28.7.1995.

A-39: Schurk, H.-E., Bullemer, M.: Correlation between distinction of indicator and the pressing of the electrodes, Panta 6, Karl F. Haug Verlag, Heidelberg 1995.

A-40: Prof. Jounousov, orthopedic, University of Moscow. Study about the therapeutic success in a rehabilitation clinic with EAV starting examination in Zeitschrift für Naturheilkunde, 9, 1996.

A-41: Comparison of diagnosis of EAV-laboratory with toxins, University of Heidelberg, I. Gerhard, Langetepe, 1996, announced.

The acupuncture point as well as the ascertainable disease of the pertaining organ by measuring the conductivity could be proved. By several studies they succeeded in verifying the resonant or medicine test, which is the second part of EAV. The result of this supported diagnosis for many acute but especially chronically sick patients shows multiple causes of incrimination whose therapy is only possible by these cause findings.

**Conclusion: Nine universities with dissertations and numerous studies affirm the possibilities of EAV for diagnosis. (Berlin, Heidelberg, München, Würzburg, Witten/Herdecke, Moskau, Taiwan, Utrecht, NL, USA)**

**The argument of missing scientific proofs no longer can be justified.**

## **B) Private studies and Evaluations**

Numerous descriptions concerning the development, basis and use of EAV are to be found in the literature of Voll, Thomsen, Rossmann, Kramer and Türk. Especially the therapy effects are represented in the following studies:

B-1: Vill, Hermann Dr. med. Nosoden therapy by heart disease with clinical verifying in testing of medicine, Nosoden therapy and mesenchymal purification by R. Voll, Vol. 14, 2. Sonderheft/MLV, Hamburg 1964.

From 391 patients with heart disease are represented the rates of healing and improving using EAV for Nosoden therapy. EKG and x-ray changes were thereby compared.

B-2: R. Voll, F. Kramer and J. Thomsen report in 1968 in "Histologic Statistic and Casuistic Articles to Odontogene Focuses" more than 400 mutual cases, which were controlled by x-ray and partly histologically. (6. Sonderheft in: Int. Ges. für EAV, ML-Verlag Uelzen).

F. Kramer points out the high score with patients in a part group with histological post examination comparing EAV and histological results by tooth focuses with chronic maxillary otitis and chronic pulpitis. These results in x-ray were to be registered only in a third of the cases. There were very few bacterial results. Various disease cases after removal the tooth focus were represented. J. Thomsen reports three cases with bacteriologic results by these tooth focuses.

B-3: E. Höllischer found by 420 cases of chronic disease by electro neural therapy according to Croon and EAV an accumulation of incrimination of pancreas (116 patients) by infections, silver amalgam, insecticides and other chemical substances. Treatment concepts were represented. ("Toxic environmental incrimination for pancreas in diagnosis and therapy" in Sonderheft 8: "Diagnostik und Therapie der Umweltbelastung in der Sprechstunde", R. Voll 1976)

B-4: K. Beisch and D. Bloess represented in 1979 "Ein **Wirksamkeitsnachweis** homöopathischer Medikamente am Beispiel der **Nosoden**" a study of regular physiology in testing of EAV. (ML-Verlag Uelzen) The effect of nosodes, the homeopathic microorganisms in high potency is reported as specific for the system and reproducible. The EAV represents a ... for the causal therapy of acute and especially of chronic diseases, because the correction of disturbed ... is possible. Twelve patients and their treatment are presented.

B-5: In the field study about conductivity measuring in EAV (Magazin for orthodox medicine 1979, 52, 304 - 311) by Siegfried Häussler, Wolfgang Köpcke and Karl Überla, where 18 established medical doctors took part in a study with 609 mal patients. The measurement conductivity was determined by the doctor and the physician's assistant, that the exact procedure of measurement could be affirmed. The exactness of the conductivity definitely is sufficient and is in same range like regular standard examination, i.e. the measurement of the blood pressure. The correlation of the conductivity concerning wheater and age was only provable. Further examinations are necessary to substantiate further hypothesis and to examine the clinical relevance.

B-6: H. Rossmann. Statistic evaluation of measurement by EAV, Biological Medicine 4 (1985) shows the improvement of the measurement value of a standardized measuring protocol, which corresponds to the improvement of the patient's condition.

B-7: H. Rossmann, Popp: Statistic of EAV, 1 & 2. Ärztezeitung f. Nat. 1 and 9, 1986.

B-8: H. Rossmann: Is EAV to be proved statically? Accupuncture theory and praxis 4 (1986).

B-9: L. Koenig: The meaning of a systemic finding results for the chance of success of the isopathic therapy by EAV. Ärztez. f. Nat. 30 (1989), p. 614 – 629.

B-10: Höllischer, E., Mehlhardt, W., Popp, F. A., Schmidt, H. G.: Statistical analysis of resistance measurement on special skin points. By 22 persons, randomly selected was

measured the resistance 4 times in sequence of 4 weeks of each 212 main points according to Croon's measuring. Phys. Med. and Reh. 9/79, p. 472 – 475.

B-11: Höllischer, E., Mehlhardt, W.: Examination of objectivity of EAV testing medicine by measuring the emission of biophotons - a provisional announcement in *Ärztezeitschrift für Naturheilverfahren*, 6/1981. Two days' cucumber sprouts were poisoned by a Heparin solution of 0,1 g/l. After 145 hours the light emission was measured, one without additional homeopathic Heparin potencies, the other with following potencies: D3, D10, D12, D15, D30. Twenty experimental procedures demonstrate with sprouts of cucumbers and beans, that the emission of photons is significant higher without extra homeopathic potencies. It is to be seen the same measurement with additional homeopathic emission, especially with D12.

B-12: "**Hyperactive children - hypermobil kidney**; the test results of examination by EAV of 65 children", *Zeitschrift für biometrische Systemdiagnostik und Regulationstherapie*, Panta, No. 1, 1992, p. 13 - 17, represents the most extensive work of testing medicine in Germany. The differences to not hyperactive children were clear. The diet, avoiding intolerable food, often containing phosphate, showed the disappearing of this extremely irritating disturbed behavior and also the immediate return with wrong diet. The causes of food intolerance were tested, complementary therapy with homeopathic elements were recommended. By avoiding consequently there was an essential improvement to be registered: extreme agitation, aggressions and concentration disturbance until failure at school disappeared.

B-13: J. Fonk reports in her book: *Intestinal parasites (Darmparasitose)* the central disturbance of immune system numerous cases of chronic disease caused by parasite incrimination.

B-14: Fonk, Ingrid: Zahnsanierung - Ein gesundheitliches Risiko? (Dental rehabilitation - a risk for health?) *Ärztezeitschrift für Naturheilverfahren* 6, p. 478 - 484, ML-Verlag, Uelzen 1991, 174 patients. This work deals with the problem of toleration of material for teeth. It shows, that in principle there is no dental material with the possibility to become a serious disruptive factor by electrophysical, toxic and allergic processes for the immune system.

Criteria for tolerance are discussed. As minimal demand for artificial material in medical field is to be absolutely free from polymeria. The "over all disturbance factor" dental material is represented in 174 patients with chronic diseases from different specialties, who are resistant as far [as] the conventional medicine but for a large part of natural healing procedure, too.

The EAV is under impression of the authors the only method to show the relations and to help the patients in concern.

B-15: Fonk, Ingrid: Seronegative Toxoplasmose. What the modern laboratory is able to do in case of insufficiency of immune system? In: Voll, R.: New results of research by

EAV. ML-Verlag, Uelzen, 1987 (116 patients) In the cases of 116 chronic patients the results of EAV were compared with those of laboratory. The laboratory results, assuming an intact immune system is besides two cases with bacteriological cystitis useless. In the other hand the EAV as diagnostic procedure independent from the immune reaction brings a lot of data. This is not only a diagnosis but a systematic therapy, whereby the extent of therapy depends on the ability of the immune system to regenerate. A typical case of chronic posterior uveitis was presented. Independently from the respective symptoms it is possible to prove a case of a typical constellation of findings. A common characteristic is the infections susceptibility and a tirade disturbance in the ENT, intestinal, kidney and urological system. Overall symptom is a weakness of susceptibility of these patients is discussed, as a consequence of therapy with dominant suppressive medicine. Here I want to point out to dyslexic children and failure at school. Who experiences how these children develop by EAV therapy physically, spiritually and mentally and how their chances for profession and future improve by better achievement, there will be no doubt.

### **Basic research**

B-16: G. S. Hanzl: In his book: *The New Medical Paradigma*, Haug-Verlag 1995 he succeeds to define the physical scientific bases of EAV. According to cybernetic definition from health and disease, the presentation of regular circulation function and the disease making disturbing influence is shown, that systems with positive feedback tend to chaotic degeneration systems with negative feedback tend to solidification. The syntheses of both systems is necessary. (Quot. I. Ruf)

B-17: A comparative study of electro diagnosis according to Croon and Voll - medical examination (Autumn 1992) by D. Danz, P. Rohsmann and B. A. Weber (Institut f. Naturheilverfahren) is confined in the diagnostic part of both natural healing procedure of chronic patients in the for holistic medicine Dr. Walb in Homberg/Ohm. The high correlation of the strong point of both procedures is important for internist examinations of great value for holistic medical diagnosis. The possibilities of differential diagnosis to test medicine by EAV hereby were only used in a small scope (to be evaluated).

### **B-18: Blind study for resonant test by EAV (Voll)**

This important diagnostic comparison between testing resonance or medicine and conditions of blind study with **51 patients** could be proved successfully. The correspondence of both procedures was 92 %.

*D. Danz, D. Leber, R. Schneider, B. A. Weber:* Homeopathic diagnostic comparison with EAV in a blind study. *Ärztezeitung f. Naturheilverfahren* 9 (1993), ML-Verlag (Institut für Naturheilverfahren, Marburg).

### **B-19: PCB study (Institut für Naturheilverfahren, Marburg)**

The incrimination of the air in rooms of a children's cradle could be proved. All 17 workers and children had an individual molasting factor when they were tested by EAV.

In the comparing group only two women were incriminated. Mostly there were a lot of other incriminations or focuses (to be evaluated).

B-20: H. Vill reported in 1995 in his speech "Essential features with chronic patients and geriatric patients" 776 patients with chronic dental focuses, tonsil focuses, which were tested by BFD and treated by homeopathy. (Script with graphs by Int. Forschungsgemeinschaft für BFD).

Huf, Lübeck, speech year's meeting, Int. G. f. EAV, 1995, Köln, odontogene focuses, about 700 cases, text to be prepared (pers. Mitt. 6/96).

B-21: Therapy study "**Acupuncture and electro acupuncture for migrane and headache**" comparing study between acupuncture and electropuncture diagnosis with natural therapy; Mrs. Dr. med. Yarong Xiao, B. A. Weber (Z. Ä. f. Naturheilverfahren 7, 1996).

**Comparing examination to the therapy of headache and migraine (50 patients) and electro acupuncture by Voll (49 patients) under special consideration of the therapy blockades of amalgam and dysbiosis. Combination of the procedures with acute and chronic diseases.**

The possible combination of these ... procedures was very helpful in acute cases, concerning the acupuncture and the therapeutic blockades, especially with EAV for the small subgroups of patients, who were treated by both procedures. A parallel examination by EAV of 50 acupuncture patients showed a very similar spectrum of incriminations to the 49 patients of the amalgam study. For both patients' groups the incriminations, which are represented, are to be understood as the cause or partial cause for headache and migraine.

Both nature healing procedures are able to in cases of chronic ..., by orthodox medicine only ... to suppress or enable to heal. It was impressive for the patients to see the rapid relief by practicing acupuncture to remove pain. (Institut für Naturheilverfahren, Marburg) submitted by: Zeitschrift Ärzte für Naturheilverfahren 1996.

B-22: **Amalgam study in Marburg**, (Institut für Naturheilverfahren) *B. A. Weber, R. Schneider in U. Hofmann*, edition 1996 in the adviser: "Sick by Amalgam - and what then?", GeMUT-Publishing House Marburg.

In 1996 the Marburg Amalgam study was published and for the first 130 patients, who removed amalgam and had a detoxification, it was possible to state relatively sure, that: 80,4 % of the patients felt an improvement of their troubles after removing amalgam and detoxification during 3 - 6 months main method of examination: EAV.

Single symptoms - improvement in percent:

**allergies 60,4 %, chronic infections 79,2 %, chronic headache 77,5 %, neurological symptoms 73,1 %.**

The only procedure of examination "accepted," the allergy test for amalgam, was only positive for 13,1 % of the patients, i.e. in its meaningfulness, rather worthless for the patients.

The treatment of consequent diseases of amalgam: intestinal dysbiosis and chronic infections of the nasal sinus was practised for 82 patients of the amalgam study in Marburg. Intestinal mycosis, often attested by natural healing tests, were proved in more than 90 % of the cases.

Perhaps the far-reaching change of our eating habits with an increase of an average of 100 g sugar per day, ten times more than our ancestors, the epidemic of dental caries and hazardous waste amalgam will show another consequence. The aim of the following pilot study will investigate if the frequent treated eye disease dry eye is a consequence of changed eating habits, too.

### **"Dry eye" - Keratoconjunctivitis sicca Diagnosis and Therapy**

Pilot study with 36 patients

*Bernhard A. Weber* (Institut für Naturheilverfahren, Marburg)

submitted to Magazin for regulation medicine 1996

### **Summary**

Natural healing diagnosis and therapy are able to alleviate the symptoms of the eye disease conjunctivitis sicca, which is mostly chronic, in addition it is the main cause and with the patients' motivation it can help to detoxicate. In our estimation the tests of orthodox medicine DMOS test, epicutaneous test, fecal test, blood test, for chemical charges and allergies of nutrition are more expensive and insecure.

The pilot study "Dry eye" frequently showed for almost all patients as the causes charges of heavy metal (83 %; Amalgam, Copper, Palladium, seldom lead), toxins of charges of intestinal mycosis (91 %) and incompatible nutrition. The comparison with a control group. of patients with essential lower charge and the success of therapy confirm the results.

EAV enables to test the single organ eye using the acupuncture point at the hand with the resonance test to find charges and recommendation of therapy.

The causes need to be eliminated if diseases and taking medicine are to be avoided for years. As the heavy metal charges of teeth are frequent and their following diseases: intestinal mycosis toxins and allergies are the main cause.

B-23: Mehlhardt, W.: "Electro physical basic knowledge about the acupuncture points" Different starting tests to distinguish "RST" reaction places of the skin from normal skin places "HST", for example after scaling of the skin by Wolf HST and RST are tested. HST shows an even reduction of resistance, the RST the resistance doesn't show any resistance at first, only at the point of the scaling skin to the wet place it suddenly is considerably reduced. It was shown, that the specific "resistance" under the

acupuncture point is substantially lower than of the surrounding area. That means the answer to stimulation electrical tension is higher when the electricity flows and the transport of ions is more intensive.

B-24: Rossmann, H. "Statistic evaluations of EAV measurement", Biologische Medizin, 4/85.

B-25: V. P. Karp, D. S. Chernavski and A. P. Nikitin published their own experiences in Russia about EAV in their article "Procedures of kinetic diagnosis of EA and application to estimate the condition of patients" in RegulationsMedizin 1/1996 .

Morell, Franz, The changing of erythro sedimentation, the pH, rH<sub>2</sub> and rho values in blood by tested and injected medicine. 6 cases with laboratory control of the success of therapy, in testing medicine, nosoden therapy and purging of mesenchyme by R. Voll, Volume 14, 2. Sonderheft/MLV, Hamburg, 1964. A detailed description of various individual cases.

Numerous other cases are published in the magazines Panta, Regulation medicine, Biological Medicine, GZM-Praxis and Science, Medizin and in other periodical for physical medicine as well as in the following literature.

#### **Amalgam, mercury, allergy, literature Elektroakupunktur according to Voll,**

amalgam counsel - Institute for Naturopathic Medicine - Uferstr.1 - D35037 Marburg -  
Tel.: 06421/66379, 68430 - Fax 06421/684350

A 4 "Elektroherddiagnostik - Realität oder Hypothese?" von E. Sonnabend, H. Kurz und Chr. Redl, Zahnklinik Uni München.

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Die Electroakupunktur Allergy Study von *F. Lam, J. Tsuei*, 1982, die an der University of Hawaii in USA .

A-6 "Case Findings from a Family Practitioner's Office Using EAV" "American Journal of Acupuncture, (Vol II, N1, 1983, Seite 23-29) von *Prof.J.Tsui* und *F.Lam*.

A-7 A Food Allergy Study Utilizing the EAV Acupuncture Technique, (*J. Tsuei, C. Lehmann, F. Lam, D. Zhao*, University of Hawaii, USA, Am. J. of Acupuncture Vol 12, No 2, 1984).

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A-9 *L.Klinger*, Heidelberg, konnte 1987 mit EAV-Meridianpunkt-Messungen in einer Dissertation mit hoher Signifikanz zwischen Lungengesunden und Patienten mit Lungenerkrankungen wie TBC und Lungenkarzinom unterscheiden (Z.Allg.Med.63.563-567).

Die Organbezogenheit der **Punktmessung als Basis der EAV** konnte damit dokumentiert werden.

A-10 H.Gloerfeld , Marburg, 1987 Dissertation.

A 11 *J.J. Tsuei, C.Chung, F.Lam und M.Mi* untersuchen in "Studies of Bioenergie in Healthy Subjekts" 1988.

A 12 »Study on Bioenergy in Diabetes Mellitus Patients« Am. J. of Acupuncture 1989, 17 (1) 31-38 von *J. Tsuei, F. Lam und Z. Zhao*.

A 13 Die » Study on the Bioenergetic Measurement of Acupuncture Points for Determination of Correct **Dosages** of Allopathic or Homeopathic Medicines in Treatment of "**Diabetes Mellitus**" « im Am. J. of Acupuncture, Vol 18, No 2, 1990, von *F. Lam, J. Tsuei und Z. Zhao* ).

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A19 Tsuei, J.J. and P- Chang. »A Comparative Study of Herbal to Allopathic Treatments for Allergic Rhinitis«. Paper presented to the Association of Allergy and Asthma of the Republic of China, No. 1991 - Descriptive study, N=60.

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Title	Interrelations of odontons and tonsils to organs, fields of disturbance, and tissue systems <a href="#"><i>Electro-Acupuncture According to Voll Series</i></a>
Author	<a href="#">Reinhold Voll</a>
Translated by	Hartwig Schuldt
Edition	illustrated
Publisher	Medizinisch Literarische Verlagsgesellschaft, 1978
ISBN	3881360646, 9783881360647
Length	179 pages
Subjects	<a href="#">Medical</a> > <a href="#">Dentistry</a> > <a href="#">General</a>

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Translation of 4th German edition; early and detailed attempt to correlate dental and jawbone disease, i.e. "odontons" or "interference fields" to acupuncture meridians and, therefore, problems found outside the maxillofacial region.

### [Oral Acupuncture](#)

**By Dr. med. Jochen M. Gleditsch**

From **Neural Therapy, Reflex Zones and Somatotopies: A Key to the Diagnostic and Therapeutic Understanding of Man's Ills**, a seminar guide compiled by the American Academy of Biological Dentistry, June 1989

[Acupuncture in the HNO-area.](#)

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### **Dental problems by Walter Last**

A major problem causing or contributing to poor health and many diseases are our teeth. Frequently there are mercury amalgam fillings or different types of metal in the mouth that act like an electric battery and dead teeth with filled root canals or inflammation inside the jawbone (cavitations) even after removal of teeth. These problems may not cause any local pain and so are difficult to detect but they cause a lot of health problems in other parts of the body. Through acupuncture meridians each tooth is connected with a specific organ or other part of the body as shown in the following table.

#### **TEETH - ORGAN CONNECTIONS**

(Teeth are numbered from 1 to 8 starting at the mid-line of the jaw.)

1 & 2 upper & lower jaw	kidney, bladder, pineal gland (upper jaw), adrenals (lower jaw), frontal sinus, sacrum, coccyx, foot.
3 upper & lower jaw	liver, gall bladder, hip, eye, pituitary (upper jaw), gonads (lower jaw).
4, 5 upper & 6, 7 lower jaw	lung, large intestine, shoulder, elbow, thymus (upper jaw), arteries, veins (lower jaw).
4, 5 lower & 6, 7 upper jaw	pancreas, spleen, stomach, breast, thyroid (upper jaw), lymph system (lower jaw), jaws, knee.
8 upper & lower	heart, small intestines, shoulder, elbow, ear, nervous system, pituitary (upper jaw).

Heart disease, for instance, is commonly connected with inflammations or infections in the number 8 or wisdom tooth positions, while kidney problems are related to the front teeth. A four thousand year-old papyrus describes the dialog between the Pharaoh and his physician. The Pharaoh complains of severe arthritis and his doctor replies that this is due to the bad condition of some teeth that need to be removed. Even orthodox medicine is now slowly catching up to realize that heart disease is frequently associated with microbes originating from infected teeth, gums or jawbones.

Root-canal filled teeth appear to be a major contributing factor in many health problems,



not only cancer but also heart disease, kidney disease and auto-immune diseases. This is due to microbes that multiply in the multitude of tiny canals or tubuli in the dentine and gradually leach out into the lymph system. Even normally harmless microbes become very dangerous under the anaerobic conditions in dead teeth.

Weston Price, a former Director of Research for the American Dental Association, observed that the removal of root-filled teeth from patients with kidney or heart disease would in most cases lead to an improvement. When he then inserted a removed root-filled tooth under the skin of a rabbit it would die within 2 days. When he implanted normal teeth there was no adverse health effect. In some experiments he implanted the same fragments of root-filled teeth in succession under the skins of up to 100 rabbits and they all died within 2 weeks of the same disease that the human donor had!

If you cannot immediately have all dead teeth removed but also after their removal continue you may use a magnetic pulser on these tooth positions for several weeks or months, in addition to courses of colloidal silver and other natural anti-microbials.

In addition try to have amalgam fillings replaced with plastic composite preferably by a holistic dentist. A rubber dam and suction should be used when removing old fillings. If you cannot pay for proper replacements, just seal them with cheap temporary filler and do not chew any hard items. However, with serious conditions and large fillings, extraction of amalgam-filled teeth can bring much better results than simple replacement.

In a large German study of Multiple Sclerosis patients extraction resulted in a 85% recovery rate versus only 16% for filling replacement alone. Other studies have found that recovery from serious autoimmune diseases, dementia, or cancer may require more aggressive mercury removal techniques than simple filling replacement due to body burden. This appears to be due to migration of mercury into roots & gums that is not eliminated by simple filling replacement. Such mercury in the teeth and gums has direct routes to the brain and central nervous system.

A main problem with the replacement of amalgam fillings is the use of analgesic or pain-relieving injections. These dull the pain response so that dentists more easily drill into the nerve cavity. This then causes them to suggest or simply do a root-canal filling. Therefore, just endure the temporary pain of drilling, and your reaction will show the dentist when he gets too close to the nerve, and that is likely to save your tooth.

Try to find a dentist who is familiar with safe amalgam removal procedures as recommended by holistic dentists associations. Before and after amalgam removal use a supplement program high in vitamin C, the amino acids L-cysteine and L-methionine, as well as MSM, chlorella and fresh vegetable juices. These are also helpful in removing mercury from tissues. Preferably also use homeopathic mercury 1M and higher potencies.

Professionally injections of the mercury chelator DMPS may be used. However, these

have occasionally lead to complications and the oral DMSA not only is much cheaper but apparently also safer. Nevertheless, both of these chelators can activate very high mercury levels from the bones and cause serious problems especially with sensitive individuals and neurological diseases. Therefore, I generally prefer the slower but safer method of using careful cleansing diets together with detoxifying natural supplements.

The pink color of dentures may be due to heavy metals, possibly mercury or cadmium. If you cannot get a guarantee that the coloring is free of heavy metals, it is safer to ask for clear plastic dentures made of Methyl Methacrylate or Flexite for partial dentures. Use plastic denture teeth rather than porcelain teeth that have a metal base. Bridges and metal partials should be changed to clear plastic partial dentures. Nickel as in stainless steel can suppress the immune system and is generally classified as being carcinogenic.

Even dental gold can be a problem because to make it cheaper it is commonly blended with 20% of the more harmful palladium. A small amount of gold as for one crown may be acceptable but as a general rule keep your mouth free of metals and make sure only metal-free plastics are used as replacement. Nevertheless, any metal in the mouth can lead to allergy and on average about 30% of individuals are allergic to the metal in their mouth. For wide-ranging scientific information on the harmful health effects of amalgam fillings and heavy metals see [www.melisa.org](http://www.melisa.org). For a detailed documentation of the problems associated with amalgam fillings see Bernard Windham: [www.flcv.com/dams.html](http://www.flcv.com/dams.html) and [www.flcv.com/indexa.html](http://www.flcv.com/indexa.html).

Even after removal of bad teeth, health problems can arise or continue from root or metal fragments or due to chronic infection and inflammation in the jawbone. This may be discovered by an experienced dentist with panoramic X-rays. If you cannot do all of this to sanitise the inside of your mouth, just do the best you can and do not worry. Compensate any shortcomings here with a better diet and positive thinking.

Inflammatory gum diseases or periodontal diseases such as gingivitis and pyorrhea are greatly helped by removing amalgam fillings and other metals from the mouth. In addition, alkalise the body with dolomite and select foods with a high calcium-phosphorus ratio as suggested in The Acid-Alkaline Balance. Furthermore, often rinse the mouth with diluted hydrogen peroxide, use a diet high in bioflavonoids and check for food allergies and chemical sensitivities.

**[The Acupuncture Point Book](http://www.medicineatyourfeet.com/%20Master%20Copy%20RD%20Book...)**

**[www.medicineatyourfeet.com/%20Master%20Copy%20RD%20Book...](http://www.medicineatyourfeet.com/%20Master%20Copy%20RD%20Book...)**

**<http://www.icaet.org/symposium.html>**

## [What Is the Scientific Evidence for Acupuncture?](#)

Although there have been numerous controlled studies of acupuncture, there is no condition for which acupuncture's supporting evidence is strong.<sup>185,227</sup> There are several reasons for this, but one is fundamental: even with the best of intentions, it is difficult to properly ascertain the effectiveness of a hands-on therapy such as acupuncture.

Only one form of study can truly prove that a treatment is effective: the double-blind, placebo-controlled trial. However, it isn't easy to fit acupuncture into a study design of this type. One problem is designing a form of placebo acupuncture, and an even more challenging problem is to keep participants and practitioners in the dark regarding who is receiving real acupuncture and who is receiving fake. But without such blinding, the results of the study can be skewed by numerous factors. For a discussion of these factors, see [Why Does This Database Rely on Double-blind Studies?](#)

In an attempt to approximate double-blind studies of acupuncture, researchers have resorted to a number of clever techniques. Perhaps the most common involves sham acupuncture. In such studies, a fake version of acupuncture is used to keep participants in the dark. However, because the acupuncturist knows that this is a fake treatment, he or she may subtly convey a lack of confidence in the outcome. Such studies are called single-blind and are not fully trustworthy. (The only exception are studies in which the patient is anesthetized prior to the acupuncture, and is therefore, presumably, incapable of receiving this sort of "top spin.")

To get around this problem and produce a truly double-blind study, some studies may employ technicians trained only to insert needles, rather than real acupuncturists. Such technicians might be given a list of real acupuncture points or phony acupuncture points, without being told which is which. However, it is not reasonable to suppose that an essentially untrained technician can give an acupuncture treatment as effective as that of a real acupuncturist. Furthermore, using a fixed set of points to treat a problem is not true to traditional acupuncture, which always individualizes treatment to the person.

Another approach is to use real acupuncturists to deliver treatment, but to have a separate person evaluate the effects of that treatment. Such studies may be described as partially double-blind (or observer blind); they prevent researchers from biasing their own observations, but they still don't eliminate the problem that the acupuncturist might communicate confidence (or lack of it) to the participants. The placebo effect in acupuncture is very sensitive to expectation; in one study, patients who believed they were getting real acupuncture experienced benefits and those who believed they were getting fake acupuncture failed to experience benefits.<sup>186</sup> Whether or not they were *actually* receiving real or fake acupuncture proved to be irrelevant; it was the belief that mattered. One naturally doubts whether acupuncturists are sufficiently adept at hiding their true feelings from their patients. Osteopathic physician Kerry Kamer suggested a whimsical approach to testing acupuncture: for the placebo group, use actors trained to

convey confidence while performing fake acupuncture. However, such studies have not yet been reported.

Despite their limitations, most of the best studies available at present are the single-blind or partially double-blind designs described earlier. Although imperfect, they at least can give us some idea whether true acupuncture might be effective.

There is another problem to consider as well: acupuncture causes a very strong placebo effect, whether it's real or fake. This phenomenon tends to diminish the difference in results between the treatment group and the placebo group and can potentially hide a true benefit by making it too small to reach [statistical significance](#). As an example, consider a study in which 67 people with hip arthritis received either random needle placement or actual acupuncture.<sup>118</sup> The results showed improvement in both groups, but to the same extent. Does this mean that traditional acupuncture is actually no better than random acupuncture? Not necessarily. The study could simply have been too small to identify benefits that did occur. In studies that show a strong placebo effect, it may be necessary to enroll hundreds of participants to show benefit above statistical "background noise." Keep this in mind regarding all of the negative trials described below. A small study can fail to find benefit, but it cannot actually prove lack of benefit.

Some studies have compared acupuncture to other therapies, such as physical therapy or [massage](#). Trials of this kind are good for determining relative cost effectiveness, but they can't be taken as proof of efficacy for one simple reason: these other therapies have never been proven effective themselves.

Numerous acupuncture studies failed to use placebo treatment or had no control group at all. Such studies prove nothing and generally are not reported here.

There is one additional problem in evaluating the evidence for acupuncture: Many of the studies were performed in China, and there is evidence of systematic bias in the Chinese medical literature.<sup>5</sup> In 1998, researchers evaluating the acupuncture studies from China discovered that every one found acupuncture effective. This led them to look further into other Chinese medical research. Review of controlled trials involving other therapies, including standard drugs, showed that Chinese trials reported positive results 99% of the time. Although some bias exists in all medical publications, this finding suggests a particularly high rate of bias in the Chinese research record. A subsequent analysis in 2007 continued to find grossly inadequate standards of rigor in Chinese studies of Chinese medicine.<sup>259</sup>

Given all the above caveats, the following sections address the science regarding acupuncture. They begin with conditions in which acupuncture research has been mostly positive, continue with those for which the record is mixed, and conclude with those in which the tested form of acupuncture has not proved effective. Note that we also include studies of acupressure and electroacupuncture.

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